Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

3806579

KENTUCKY CERTIFICATE OF DEATH

116 201341077

Case #:	E20131	2300046

	AE (First, Middle, Last) (Include	AKA's il any)			TO FIRST WARRIAGE	=	
MINNIE STONEROC J ACTUAL OF PRESUMED DATE OF [Mo/Day/rri] [Spot World)	F DEATH 4. SOCIAL SECURI	ITY NUMBER 54 AC	SE LAST Sh UND	DER 1 YEAR Sc. UNDER	DAY 6 DATE OF BIR	TH 7. COUNTY OF	FEMALE DEATH
B PLACE OF DEATH (Check of	4055423044	68			Decedent's	MARTIN	
HOSPITAL: IT inpatient IT	ER/Outpatient [7] Dead on Ar	rival OTHER: (1) Ho	apice,Facility 🗇 Nursi	ing Home/Long Term C	are Facility 🖾 Residence	Other (Specify)	
9. FACILITY NAME (Procinate)	on, give street and number)		500 %。 八百二十二	10 CMY OF	TOWN STATE AND ZIP	CODE	
300 ROCKCASTLE	AD. AP 1 18 or Foreign Country)	32 MARITA	AL STATUS:	INEZ, K	13 SURVIVING S	POUSE (it wile, pive re	me prior to hist manage
MARTIN COUNTY, I		Magned	AL STATUS: U Wide but Separated D Divo	owed 🖸 Never Marrie	VAUGHN STONE		
14 DECEDENTS USUAL OCC		most of worlding File)	15 KIND OF BUSINE	SS/NDUSTRY		16. WAS DEC	EDENT EVER IN U.
HOMEMAKER			HOMEMAKER			☐ Yes [
	7b. COUNTY	17c CITY OR TOY		17d, STREET AND I	IUMBER .	17e. ZIP CODE	171 INSIDE CITY
KENTUCKY N	ARTIN	INEZ		300 ROCKGASTI	E RD APT 18	41224	LIMITS?
18 DECEDENTS EDUCATION (Check the box that best describe		19 DECEDENT OF	HISPANIC ORIGIN7 (C	beck the box half . 20 C	ECEDENT'S RACE	what the decedent consi	
school completed at the time of de	rath)	Check the "No" box	her the decepted is Sparesh if the decedera is not Spanis	sty esbeutry milita A		I Samoan	Seien istugen m beinen
Bth -12th Grade; No Diplomi		No, not Spanish	/Hispanic/Latino	E N	/hite (±*) lack or African American ative Hawalian	Other Asian (Specify)	
High School Graduate or GE Some College Credit but No	Degree	Yes, Mexican, M	rriupeniczenino lexicen American, Chlo an		sian Indian hinese	Other Pacific Isla (Specify)	
☐ Associates Degree (e.g., AA☐ Bachelor's Degree (e.g., BA	AB BS)	Yes, Cuban Yes, other Spani (Specify)	istVHispanic/Lating	785a 111 a	lipino :	American Indian	or Alaska Native olled or principal Int
☐ Master's Degree (e.g., MA, I ☐ Doctorate (e.g., PhD, EdD) (MD, DDS, DVM, ELB, JD) -	4S, MEng, MEd, MSW, MBA) or Professional Degree (e.g.	(Specify)	13.5% "经济"		uamanian or Chamono	Other	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		正是, 變對 □ V	etnamese	(Specify)	
WALLACE WILLIAM		VIII WAS		HIRLEY FRALE	IOR TO FIRST MARRIAGI V	è hun mone irani	
23# INFORMANTS NAME		23b. RELATIONSHI			(Street and Number City State	e Zip Code)	
VAUGHN STONERO	OCK -	SPOUSE			D., 18, INEZ, KY 4122		
24. METHOD OF DISPOSITION Buris! DCremetion Do	(Check only one):			cemelery, cremitory, or o	hel plece) 26. LOCATION		
Removal from State Oth	er (Specify)		UNERAL HOM			NSVILLE, WV	
27. SIGNATURE OF FUNERAL	SERVICE LICENSEE (Cx person	acting as such)	(No/Osyni) 28. K	Y LICENSE NUMBER (licensee)	29 NAME AND COMPLI	ETE ADDREGS OF F	UNERAL FACILITY
JOSEPH MULLINS	130		2/30/2013	1	RICHMOND-CALLAHAR RT. 40 MAIN STREET	FUNERAL HOME,	NC.
	c signature is legally acceptable purat			79	INEZ, KY 41224		
30. DATE PRONOUNCED DEA	D (Mo/Day/Yr)	31 ACTUAL OR	PRESUMED TIME OF I	DEATH 32'WA	S MEDICAL EXAMINER (OR CORONER CONT	ACTED?
12/17/2013			E.OF DEATH	150 BO	□ Yes C	3 No	Annanymia Interval
33 PART I. Enter the choing! even the location without shows IMMEDIATE CAUSE (First oses	1 - Diseases injunes, or compression	s - Irel caused death, Di	O NOT chartermed events	a such es card at arrest, re	preformenest or ventocular		Approximate interval interest Draet and Deal
IMMEDIATE CAUSE (Fine) over	CÒNGESTIVE HEA	RT FAILURE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	: 河道	179.	1 W	EK(S)
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	THE B. CANCER					6 M	ONTH(S)
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THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

State Registrar

KENTUCKY CERTIFICATE OF DEATH

116 201341077

Case #: E201312300046

	1a. DECEDENT'S LEGAL N	IAME (First, Middle, Last)	Include AKA's	if any)		,				1b. IF FI	EMALE, DECED	ENTS	LAST NAME PR	OR	2. SEX	
															Industry of the	
	MINNIE STONEROCK 3. ACTUAL OR PRESUMED DATE OF DEATH 4. SOCIAL SECURITY NUMBER 58. AGE-LAST 56. UNDER 1 YEAR 56. UNDER 1 DAY 6. DATE OF BIRTH 7. COUNTY OF DEATH															
	(Mo/Day/Yr) (Spell Month)	1 000#12	SECURITY NU	MBER 58. AC	RTHDAY (Years)	Months	Days	Ho			(Mo/Day/Yr)	CIH	7. COUNTY C	DEA IF	1	
l o	December 17, 201	13 4 00-02	68						e	MARTIN						
yped)	8. PLACE OF DEATH (Check only one) Decedent's															
F	HOSPITAL: Inpatient ER/Outpatient Dead on Arrival OTHER: Hospice Facility Nursing Home/Long Term Care Facility IX Residence Other (Specify) 9. FACILITY NAME (if not institution, give street and number) 10. CITY OR TOWN, STATE AND ZIP CODE															
Be		•								•		COL	<i>,</i> _			
												name ndor	to first marriage)			
(Must	MARTIN COUNTY, KENTUCKY Married															
S										VAL	JGHN STONE	ROC		VAS DECEDENT EVER IN U.S.		
													ARMED FORCES?			
Ō	HOMEMAKER HOMEMAKER												Yes ⊠ No			
Director	17a. RESIDENCE - State 17b. COUNTY 17c. CITY OR TOWN 17d. STREET AND NUMBER 17b. COUNTY 17c. CITY OR TOWN								BER			7e. ZIP CODE 17f. INSID		INSIDE CITY		
9	ICENTED IO IO I		18.17			:									LIMITS?	
1	18. DECEDENT'S EDUCATION	MARTIN	IN		HISPANIC OR	ICIND (Ch		*******	ASTLE R 20. DECE			4	1224		Yes IXI No	
ल	(Check the box that best descr	ribes the highest degree or level	of best	t describes what	her the decedent	is Spanish/i	Espanic/Le	atino.				what !	the decedent con	sidered hin	self or herself to be	
uneral	school completed at the time o	of death.)	Che	ck the "No" box	f the decedent is	not Spanish	/Hispanic/I	Letino.)	X White		an American		Samoan Other Asian			
Ē	☐ 9th -12th Grade; No Diplo		le No	not Spanish	'Hispanic/Latir	าก			Native	Hawaii	an Amencan ian		Specify)			
- 1			T Yes	s, Mexican, M	exican Americ		no		☐ Asian ☐ Chine				Other Pacific Is	slander		
	Associates Degree (e.g.,	AA, AS)	Yes	s, Puerto Rica s, Cuban	in				☐ Filipin	0	(Specify) American Indian or			n or Alas	ka Native	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ Bachelor's Degree (e.g., l ☐ Master's Degree (e.g., M/		Ye!		sh/Hispanic/L	atino			☐ Japan		r Chamorro 🦨	ļ- (Name of the e	nrolled or	principal tribe)	
1	Doctorate (e.g., PhD, Edi	D) or Professional Degree (e.g.,	ecify)					☐ Korea	n	, Ondinono		Other			
ompleted	MD, DDS, DVM, LLB, JD 21. FATHER'S NAME (First, N					. 30 1	AOTHER	C NIA	☐ Vietna		ST MARRIAG		Specify)			
<u>e</u>						1				IO riki		Wild the	atemicue, Lasi)			
5	WALLACE WILLIA 238. INFORMANT'S NAME	MSON	Jani ni	F1 4 77 04 101 111			IRLEY				Contract of the	- 71- 6	2-4-1			
5			i		P TO DECEDE	:N1 23C.	MAILING	S AUUI	KE22 (one	egasno rau	Number City, State, Zip Code)					
C	VAUGHN STONER			USE		1				(d-	Z, KY 122					
Be	24. METHOD OF DISPOSITION	QN <i>(Check only one):</i> Donation ☐ Entombmen	ı+ /					remator	ry, of other p	"杨雄"。			, Town, and Stat			
	☐ Removal from State ☐ C		E		UNERAL	HOME	AND	W. Co		E	HAPMA	APMANSVILLE, WV				
<u>1</u>	27. SIGNATURE OF FUNERA	AL SERVICE LICENSEE (Or person acting a		ATE SIGNED (Mo/Day/Yr)	28. KY	LICENS	ENUM	BER 29%	MAME!	AND COMPLE	ETE A	DDRESS OF	FUNERA	L FACILITY	
					· ·	(0)	ilcerisco)		RIC	HMON	D-CALLAHAN	M FUN	NERAL HOME	, INC.		
	JOSEPH MULLINS	***************************************			/30/2013	- 587	D. **	40			UN STREET		·			
	(Must Use Blue/Black ink) Electi					极			1500	Z, KY 4						
	30. DATE PRONOUNCED DI	EAD (Mo/Day/Yr)			PRESUMED T	IME OF D	EATH W		ZªWAS MI	EDICAL	EXAMINER	UR CO	ORONER COM	HACTED	17	
	12/17/2013			:30 PM				<u>-I</u> _				וא	0	Anney	mala internal	
	33. PART I. Enter the chain of ex- fibritation without sh	vents - diseases, injuries, or cor	nplications - that c	eused death. Di	E OF DEATH	inal events é	uch de car	rdiac en	rest, respirate	ory arrest	t, or ventricular		Approximate Interval Between Onset and Death			
	fibrillation without shammeDIATE CAUSE (Final dis	owing the etiology, DO NOT ABI sease or	BREVIATE, Enter	only one cause : ಪ	n each line											
	condition resulting in death) ->	a. CONGESTIV				and the same							1 V	VEEK(S))	
	Sequentially list conditions, if leading to the cause listed on		INSEQUENCE OF): ###										ONTIN	nı.	
	a.	DUE TO (OR AS A CO	NSEQUENCE OF		- T	,	~						O IV	ЮМТН(3)	
ō	Enter the UNDERLYING CAL	JSE c.			741											
£i.ŧ	(disease or injury that initiated the events DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST															
Certifier	a .															
<u>u</u>	Homicide Pending Inv										ation					
Medical	Suicide Could not be Determined															
<u>ŏ</u>	35. WAS AN AUTOPSY PER		TOBAÇÃO US	E CONTRIBL	JTE 38.	IF FEMAL	E:									
2	☐ Yes ☒ No ☐ TO DEATH? 36 WERE ALTORSY SINDINGS AVAIRABLE ☐ Pregnant at time of death 37 Not pregnant within past year ☐ Pregnant at time of death										eath					
TO COMPLETE THE CAUSE OF DEATH? Yes Probably Not pregnant, but pregnant within 42 days of death Unknown if preg																
· •				X Unknow	<u> </u>						ar before deal					
þ	39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	AD TIME OF IN.	IURY 41. I	NJURY AT W	/ORK? 42. PL	LACE OF I	NJURY (le; restaure	e.g., De int; woo	cedents hon ded area)	1			ION INJURY, 9	SPECIFY:		
ete] Yes □	No						Passenger	Operator				
Completed	44. DESCRIBE HOW INJURY	OCCURRED:					45. LC	CATIC	ON OF INJU				City or Town,		Code)	
드																
ŭ	46. TO BE COMPLETED BY C	CERTIFIER:								47.	DATE CERT	IFIED	(Mo/Day/Yr)			
To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and man										0	1/10/201	4				
	SIGNATURE JOSEP	H MULLINS								48.	LICENSE NL	JMBE	R 49.1	ITLE OF	CERTIFIER	
욘			ronic signature is	legally acceptab	le pursuant to KR	RS 369,107	and KRS 3	69,118		_ 1′	129		COF	RONEF	₹	
	50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) JOSEPH MULLINS															
	MARTIN COUNTY CORC				Y 41224				-							
ſ	51. REGISTRAR'S SIGNATUR	₹ O	. J. R.								52. DATE FI	LED (Mo/Day/Yr)			
		Taul	, J. K	ore							01/10/20	N1 /				